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## DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

**June 24, 2016**

The Department of the Treasury will submit the following information collection request to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995, Public Law 104-13, on or after the date of publication of this notice.

**DATES:** Comments should be received on or before **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]** to be assured of consideration.

**ADDRESSES:** Send comments regarding the burden estimates, or any other aspect of the information collection, including suggestions for reducing the burden, to (1) Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for Treasury, New Executive Office Building, Room 10235, Washington, DC 20503, or e-mail at [OIRA\\_Submission@OMB.EOP.gov](mailto:OIRA_Submission@OMB.EOP.gov) and (2) Treasury PRA Clearance Officer, 1750 Pennsylvania Ave. NW., Suite 8117, Washington, DC 20220, or email at [PRA@treasury.gov](mailto:PRA@treasury.gov).

**FOR FURTHER INFORMATION CONTACT:** Copies of the submission may be obtained by e-mailing [PRA@treasury.gov](mailto:PRA@treasury.gov), calling (202) 622-1295, or viewing the entire information collection request at [www.reginfo.gov](http://www.reginfo.gov).

**Internal Revenue Service (IRS)**

OMB Control Number: 1545-1610.

Type of Review: Revision of a currently approved collection.

Title: Annual Return/Report of Employee Benefit Plan.

Form: Form 5500 and schedules.

Abstract: The Annual Return/Report of Employee Benefit Plan is an annual information return filed by employee benefit plans. The IRS uses this information for a variety of matters, including ascertainment whether a qualified retirement plan appears to conform to requirements under the Internal Revenue Code or whether the plan should be audited for compliance.

The Pension Benefit Guaranty Corporation (PBGC), the Department of Labor (DOL), and the Internal Revenue Service (IRS) work together to produce Form 5500 Annual Return/Report for Employee Benefit Plan and Form 5500-SF Short Form Annual Return/Report for Small Employee Benefit Plan (Form 5500 Series), through which the regulated public can satisfy the combined reporting/filing requirements applicable to employee benefit plans. The IRS produces Form 5500-SUP, a paper-only form, that is used by certain sponsors and administrators of retirement plans to satisfy certain of the reporting requirements of section 6058 of the Internal Revenue Code. Form 5500-SUP should be used only if certain IRS compliance questions are not answered electronically on the Form 5500 or Form 5500-SF.

### IRS Proposed Changes on the 2016 Form 5500 Series Returns

	Question on the 2015 Form 5500s	Form	Proposed 2016 Changes	Compliance and Use for
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	Question on the 2015 Form 5500s	Form	Proposed 2016 Changes	Compliance and Use for
1	<b>a.</b> Name of trust <b>b.</b> Trust's EIN <b>c.</b> Name of trustee or custodian <b>d.</b> Trustee's or custodian's telephone number	Form 5500 Sch. H/I, 5500-SF, 5500-EZ, and 5500-SUP	<b>a.</b> Name of trust <b>b.</b> Trust's EIN <b>c.</b> Name of trustee or custodian <b>d.</b> Trustee's or custodian's telephone number	<ul style="list-style-type: none"> <li>• This question was approved by OMB for the 2015 Form 5500 Series.</li> <li>• Requiring trust identifying information will assist the IRS in discharging its basic tax compliance and enforcement responsibilities with respect to tax-favored trusts.</li> <li>• This question was on former Schedule P up to 2006 where it had been approved in an information collection.</li> </ul>
2	<b>a.</b> Preparer's name (including firm name, if applicable) and address (include room or suite number) <b>b.</b> Preparer's telephone number	Forms 5500, 5500-SF, 5500-EZ, and 5500-Sup.	<b>a.</b> Preparer's name (including firm name, if applicable) and address (include room or suite number) <b>b.</b> Preparer's telephone number	<ul style="list-style-type: none"> <li>• This question was approved by OMB for the 2015 Form 5500 Series.</li> <li>• Information on Form 5500 Series preparers will assist the IRS in identifying preparers who have engaged in patterns of noncompliance.</li> <li>• Preparer questions were on Form 5500 through 2009 and after 2011 where they had been approved in an information collection.</li> </ul>
3	<b>a.</b> Is the plan a 401(k) plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>b.</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? (See instructions) <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> ADP/ACP test <b>c.</b> If ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg	Form 5500 Sch R, 5500-SF, and 5500-SUP.	<b>a.</b> Is the plan a 401(k) plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," skip b. <b>b.</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under sections 401(k)(3) for the plan year? Check all that apply: <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A	<ul style="list-style-type: none"> <li>• This question seeks basic information on the method by which a 401(k) plan satisfied the nondiscrimination requirements for employee deferrals. This information is fundamental to IRS's ability to monitor plans for compliance with the nondiscrimination rules.</li> </ul>

	Question on the 2015 Form 5500s	Form	Proposed 2016 Changes	Compliance and Use for
	sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	<p>a. Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):</p> <p><input type="checkbox"/> Ratio percentage test  <input type="checkbox"/> Average benefit test</p> <p>b. Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Form 5500 Sch R, 5500-SF, and 5500-SUP,	<p>a. What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Ratio percentage test  <input type="checkbox"/> Average benefit test  <input type="checkbox"/> N/A</p> <p>b. Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• This question seeks basic information on the method by which a qualified plan satisfied the minimum coverage requirements on employee participation. This information is fundamental to IRS's ability to monitor plans for compliance with the minimum coverage rules.</li> <li>• This question was on former Schedule T where it had been approved in an information collection.</li> </ul>
5	<p>Were in-service distributions made during the plan year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," enter amount _____</p>	Form 5500 Sch H/I, 5500-SF, 5500-EZ, and 5500-SUP	<p>Defined Benefit Plan or Money Purchase Pension Plan only:</p> <p>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• This question should assist in the identification of whether distributions to employees are being made before otherwise permissible in a defined benefit or money purchase plan.</li> </ul>
6	<p>Did the plan trust incur unrelated business taxable income?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A</p> <p>If Yes, enter amount _____</p>	Form 5500, Sch H/I, 5500-SF, 5500-EZ, and 5500-SUP	Deleted	

	Question on the 2015 Form 5500s	Form	Proposed 2016 Changes	Compliance and Use for
7	<p>a. Has the Plan been timely amended for all required law changes?</p> <p>b. Date the last Plan amendment/restatement for the required law changes was adopted ___/___/____. Enter the applicable code ____ (See instructions for tax law changes and codes).</p> <p>c. If the plan sponsor is an adopter of a pre-approved master, prototype (M&amp;P), or volume submitter plan that is subject to a favorable opinion or advisory letter from IRS, please enter the date of plan's last opinion or advisory letter ___/___/____ and a letter serial number _____.</p> <p>d. If the plan is an individually-designed plan and received a favorable determination letter from IRS, please enter the date of plan's last favorable determination letter ___/___/____.</p>	Sch R Line 23a 5500-SF 17a 5500-SUP, Line 6a 5500-EZ, Line 13a	<p>a. If the plan is a master and prototype plan (M&amp;P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ___/___/____ and the serial number _____.</p> <p>b. If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ___/___/____.</p>	<ul style="list-style-type: none"> <li>Whether and when a plan received a favorable opinion letter, advisory letter or determination letter from the IRS is a significant indicator of whether the form of the plan satisfies the qualification requirements under section 401(a).</li> </ul>
8	<p>Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	Form 5500-SF and 5500-EZ only	<p>Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>This information identifies plans to which special rules apply that require minimum distributions to a participant regardless of whether he or she continues in employment. The information will assist the IRS to monitor plan compliance.</li> </ul>
9	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2))	Form 5500 Sch R 5500-SF and	Deleted	

	Question on the 2015 Form 5500s	Form	Proposed 2016 Changes	Compliance and Use for
	has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	5500-SUP.		

Affected Public: Businesses or other for-profits; Individuals or households; Not-for-profit institutions; and Farms.

Estimated Total Number of Respondents: 806,500.

Estimated Total Annual Burden Hours: 320,208.

**Brenda Simms**

Treasury PRA Clearance Officer

**BILLING CODE: 4830-01**

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